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Statement of Loans Received

				Pre	escribed b	y Secreta	ary of Sta	te3/05				
Full Name of Committee												
Citizens for Brian Lar	<u>ick</u>											
From Whom Received									Prior An		00.00	Amt. Incurred this Period
Brian Larick										4,4	00.00	0.00
Address 774 Hunters Glen Dr												Outstanding Balance 4,400.00
City	State Zip Code Loans Received This Period						Payments This Period					
Gahanna	OH	43230			Date Amount				Date			Amount
Date Loan was originally Incurred.	м 0 6	D 1 2	1 3	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received							Prior An	nount		Amt. Incurred this Period		
Address		······································										Outstanding Balance
City State Zip Code Loans Received This Period								Paym	ents This Period			
					Date			Amount		Dat	-	Amount
Date Loan was originally Incurred	М	D	Y	М	D i	Y	\$		М	D	Y	\$
Registration Number, if PAC		1	.	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
From Whom Received							Prior Amount Amt. Incurred this Per			Amt. Incurred this Period		
Address								· · · · · · · · · · · · · · · · · · ·				Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		М	D	Y	\$
Registration Number, if PAC		<u> </u>	1	М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	 		М	D	Y	
* Required for contributions over \$100 to s if any, rather than employer should be lister												
if any, rainer than employer should be listed	u. II two (omnore em	pioyees a	onate via p	Jayron dec	Juction a	na excee	u tile aggregate of .	proo, me lac	or organia	Lation of W	THE I

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-	A-2)
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-	-A).

1	Total prior amount \$	4,400.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	4,400.00	(To Form No. 30-A)

the employees are members, if any, must appear. R.C. 3517.10(B)(4)